

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

RENITA HARRIS

Plaintiff

§

§

§

§

VS.

CIVIL ACTION NO.: 22-cv-415

WAL-MART STORES TEXAS, LLC

Defendant

§

§

§

JURY DEMANDED

INDEX OF DOCUMENTS FILED
WITH REMOVAL ACTION

- A. Plaintiff's Original Petition.
- B. Affidavit of Service.
- C. Defendant's Original Answer to Plaintiff's Original Petition.
- D. Defendant's Demand for Jury Trial.
- E. Plaintiff's March 29, 2022 First Supplemental 194.2(b) Initial Disclosures with production HARRIS 0024 to HARRIS 0062
- F. Affidavit of James K. Floyd
- G. List of Counsel.
- H. Case Summary.

Exhibit A

FILED
11/12/2021 12:00 AM
Mary Angie Garcia
Bexar County District Clerk
Accepted By: Martha Laura Medellin

CIT PPS

2021CI23649

CAUSE NO. _____

RENITA HARRIS

§

IN THE DISTRICT COURT

Plaintiff,

§

Bexar County - 285th District Court

v.

§

BEXAR COUNTY, TEXAS

WAL-MART STORES TEXAS, LLC.

§

Defendant.

§

____ JUDICIAL DISTRICT

PLAINTIFF'S ORIGINAL PETITION

Plaintiff Renita Harris complains of Defendant Wal-Mart Stores Texas, LLC. (hereinafter, "Defendant"), and would respectfully show the Court that:

Discovery Control Plan

1. Plaintiff intends to conduct discovery in this matter under Level 3 of the Texas Rules of Civil Procedure.

Jurisdiction and Venue

2. The claims asserted arise under the common law of Texas. This Court has jurisdiction and venue is proper because all or a substantial part of the events or omissions giving rise to the claim occurred in Bexar County, Texas.

Statement Regarding Monetary Relief Sought

3. Pursuant to Texas Rule of Civil Procedure 47(c), Plaintiff seeks monetary relief up to \$250,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest and attorney's fees and judgment for all other relief to which Plaintiff is justly entitled. Plaintiff also unequivocally pleads that the amount in controversy in this matter does not exceed \$75,000. Plaintiff expressly reserves the right to amend this Rule 47 statement of relief if necessary.

Parties

4. Plaintiff is an individual residing in Bexar County, Texas.
5. Defendant Wal-Mart Stores Texas, LLC. (hereinafter "Defendant"), is a Texas entity engaged in business in Bexar County, Texas. Defendant may be served with process by serving its registered agent, CT Corporation System, at 1999 Bryan Street, Suite 900, Dallas, Texas 75201.

Facts

6. This lawsuit is necessary as a result of personal injuries that Plaintiff received on or about September 30, 2021. At that time, Plaintiff was an invitee at Defendant's store at 1603 Vance Jackson Rd., San Antonio, Tx 78213. Plaintiff was using Walmart's electric cart when it suddenly stopped and jerked her. Plaintiff attempted to continue shopping; however, the cart continued to jerk her back and forth. The malfunctioning cart caused the Plaintiff to suffer severe injuries to her head, neck, back and shoulder area. There were no warning signs indicating a possible cart malfunction. Plaintiff was not aware of the dangerous and defective condition.

7. At the time of the incident in question, Plaintiff was an invitee of the Defendant. Defendant knew or should have known of the unreasonably dangerous condition and neither corrected nor warned Plaintiff of it. Plaintiff did not have any knowledge of the dangerous condition and could not have reasonably been expected to discover it. Defendant either created the condition and/or failed to correct the condition or to warn Plaintiff about the dangerous condition, which constituted negligence, and such negligence was a proximate cause of the occurrence in question and Plaintiff's resulting injuries.

8. Plaintiff would show that, based on the above-described facts, Defendant was negligent. Defendant, as occupier and owner of the premises, with control over the premises, had a duty to

inform Plaintiff of the dangerous condition and make safe the defective condition existing on Defendant's premises.

9. Defendant is liable to Plaintiff under the theory of premises liability and negligence based on the following negligent conduct:

- a. Failure to maintain the premises, including the service of ride-on electric carts, in a reasonably safe condition;
- b. Failure to inspect the premises where the dangerous condition existed;
- c. Failure to correct the condition by taking reasonable measure to safeguard persons who entered the premises;
- d. Failure to inform Plaintiff of the dangerous condition existing on the premises; and
- e. Other acts deemed negligent.

10. Each of the foregoing negligent acts and/or omissions, whether taken singularly or in any combination, was a proximate cause of Plaintiff's injuries and damages that are described below.

11. Defendant was also negligent in that it failed to act as a reasonably prudent premise owner would act in the same or similar situation.

Damages

12. As a result of these acts or omissions, Plaintiff sustained damages recognizable by law.

13. By virtue of the actions and conduct of Defendant as set forth above, Plaintiff was seriously injured and is entitled to recover the following damages:

- a. Past and future medical expenses;
- b. Past and future pain, suffering and mental anguish;
- c. Past and future physical impairment;
- d. Past and future physical disfigurement; and
- e. Past lost wages and future loss of earning capacity.

14. By reason of the above, Plaintiff is entitled to recover damages from Defendant in an amount within the jurisdictional limits of this Court, as well as pre and post-judgment interest.

Duty to Disclose

15. Pursuant to 194, Tex. R. Civ. P. exempted by Rule 194.2(d), Defendant must, without awaiting a discovery request, provide to Plaintiff the information or material described in Rule 194.2, Rule 194.3, and Rule 194.4.

Initial Disclosures

16. Pursuant to Rule 194, Tex. R. Civ. P., Defendant must, without awaiting a discovery request, provide information or materials described in Texas Rule of Civil Procedure 194.2 in Defendant's initial disclosure at or within 30 days after the filing of the first answer. Copies of documents and other tangible things must be served with Defendant's response.

Rule 193.7 Notice

17. Plaintiff hereby gives actual notice to Defendant that any and all documents produced may be used against Defendant at any pre-trial proceeding and/or at trial of this matter without the necessity of authenticating the documents.

Jury Demand

18. Plaintiff demands a trial by jury.

Prayer

Plaintiff prays that this citation issues and be served upon Defendant in a form and manner prescribed by law, requiring that Defendant appears and answers, and that upon final hearing, Plaintiff has judgment against Defendant in a total sum in excess of the minimum jurisdictional limits of this Court, plus pre and post-judgment interest, all costs of Court, and all such other and further relief, to which she may be justly entitled.

Respectfully submitted,

DASPIK LAW FIRM

/s/ Michael Garatoni

Michael Garatoni
Texas State Bar No. 24089685
9601 McAllister Freeway, Suite 916
San Antonio, Texas 78216
Telephone: (210) 526-0533
Facsimile: (713) 587-9086
Email: e-service@daspitlaw.com

ATTORNEY FOR PLAINTIFF

Exhibit B

FILED
11/17/2021 2:59 PM
Mary Angie Garcia
Bexar County District Clerk
Accepted By: Mario Hernandez
Bexar County - 285th District Court

CAUSE NO. 2021CI23649

RENITA HARRIS

§

IN THE COURT OF

Plaintiff,

§

VS.

§

BEXAR COUNTY, TEXAS

WAL-MART STORES TEXAS, LLC

§

Defendant.

§

§

§

285TH JUDICIAL DISTRICT COURT

AFFIDAVIT OF SERVICE

On this day personally appeared Mauricio Segovia who, being by me duly sworn, deposed and said:

"The following came to hand on Nov 15, 2021, 2:27 pm,

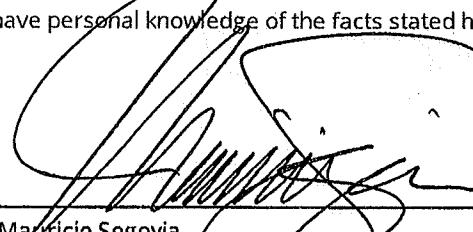
CITATION, PLAINTIFF'S ORIGINAL PETITION,

and was executed at 1999 BRYAN ST SUITE 900, DALLAS, TX 75201-3123 within the county of DALLAS at 12:06 PM on Tue, Nov 16 2021, by delivering a true copy to the within named

**WAL-MART STORES TEXAS, LLC, BY SERVING REGISTERED AGENT, CT CORPORATION SYSTEM
accepted by Intake Specialist: Latoya Sterns**

in person, having first endorsed the date of delivery on same.

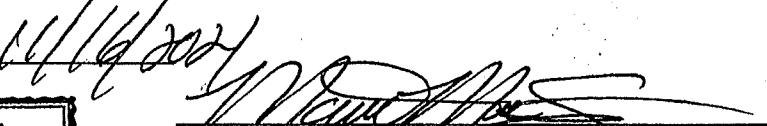
I am a person over eighteen (18) years of age and I am competent to make this affidavit. I am a resident of the State of Texas. I am familiar with the Texas Rules of Civil Procedure as they apply to service of Process. I am not a party to this suit nor related or affiliated with any herein, and have no interest in the outcome of the suit. I have never been convicted of a felony or of a misdemeanor involving moral turpitude. I have personal knowledge of the facts stated herein and they are true and correct."



Mauricio Segovia
Certification Number: PSC-1689
Certification Expiration: 8/31/2022

BEFORE ME, a Notary Public, on this day personally appeared Mauricio Segovia, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are within his or her personal knowledge and are true and correct.

SUBSCRIBED AND SWORN TO ME ON 11/16/2021



Notary Public, State of Texas

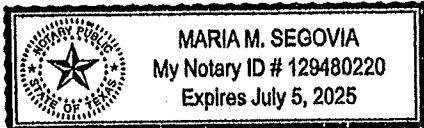


Exhibit C

FILED
12/10/2021 9:56 AM

Mary Angie Garcia
Bexar County District Clerk
Accepted By: Teresa Diaz
Bexar County - 285th District Court

NO.: 2021CI23649

RENITA HARRIS	§	IN THE DISTRICT COURT
VS.	§	285TH JUDICIAL DISTRICT
WAL-MART STORES TEXAS, LLC.	§	BEXAR COUNTY, TEXAS

DEFENDANT'S ORIGINAL ANSWER TO PLAINTIFF'S ORIGINAL PETITION

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, WAL-MART STORES TEXAS, LLC., Defendant in the above numbered and entitled cause of action, and files this Original Answer to Plaintiff's Original Petition and for support thereof would respectfully show unto the Court as follows:

I.

Defendant asserts denials, under Rule 92 of the Texas Rules of Civil Procedure, to each and every allegation contained in the said Petition, and demands strict proof thereof.

II.

Pleading further and without waiving the foregoing, Defendant asserts that if Plaintiff suffered injuries as a result of the incident made the basis of this lawsuit, which Defendant expressly denies by the filing of this pleading, that said injuries were caused in whole or in part by Plaintiff's own negligence or responsibility. Accordingly, Defendant asserts all rights, privileges and remedies afforded or available pursuant to Chapter 33 of the Texas Civil Practices and Remedies Code.

III.

Pleading further and without waiving the foregoing, Defendant asserts that Plaintiff's recovery of medical or health care expenses, if any, is limited to the amount actually paid or incurred by or on behalf of Plaintiff. Accordingly, Defendant asserts all rights, privileges and

remedies afforded or available to it pursuant to §41.0105 of the Texas Civil Practices and Remedies Code.

IV.

Pleading further and without waiving the foregoing, Defendant asserts that the incident in question was proximately caused or solely proximately caused by the negligent and/or wrongful conduct of persons or third parties outside the control of this Defendant. Accordingly, Defendant asserts all rights, privileges and remedies afforded or available to it pursuant to Chapter 33 of the Texas Civil Practices and Remedies Code.

V.

Pleading further and without waiving the foregoing, Defendant specifically reserves the right to amend this Answer, as is its right under the Texas Rules of Civil Procedure.

PREMISES CONSIDERED, WAL-MART STORES TEXAS, LLC. prays that Plaintiff take nothing by this lawsuit, and that Defendant be allowed to go hence without day and recover all of their costs and attorneys' fees, and such other and further relief, both special and general, at law or in equity, to which they may show themselves justly entitled.

Respectfully submitted,

DAW & RAY, LLP

/s/ James K. Floyd

James K. Floyd; SBN:24047628

Email: jfloyd@dawray.com

Elizabeth W. Yancy; SBN: 24098642

Email: eyancy@dawray.com

14100 San Pedro Ave., Suite 302

San Antonio, TX 78232

(210) 224-3121 Telephone

(210) 224-3188 Facsimile

**ATTORNEYS FOR DEFENDANT
WAL-MART STORES TEXAS, LLC.**

CERTIFICATE OF SERVICE

The undersigned does hereby certify that a true and correct copy of the above and foregoing instrument has been served upon all known counsel of record by electronic service on this the 10th day of December, 2021.

Michael Garatoni
DASPIT LAW FIRM
9601 McAllister Freeway, Suite 916
San Antonio, Texas 78216

Email: e-service@daspitlaw.com

/s/ *James K. Floyd*
James K. Floyd

Exhibit D

FILED
12/10/2021 9:56 AM

Mary Angie Garcia
Bexar County District Clerk
Accepted By: Teresa Diaz
Bexar County - 285th District Court

NO.: 2021CI23649

RENITA HARRIS	§	IN THE DISTRICT COURT
	§	
VS.	§	285 TH JUDICIAL DISTRICT
	§	
WAL-MART STORES TEXAS, LLC.	§	BEXAR COUNTY, TEXAS

DEFENDANT'S DEMAND FOR JURY TRIAL

COMES NOW, Defendant WAL-MART STORES TEXAS, LLC. and hereby demands a jury trial as is their right under Tex. Const. Art. I, § 15. Such demand for jury trial is hereby made more than 30 days before the date this case is set for trial in accordance with Tex. R. Civ. P. 216. Defendant tenders the jury fee contemporaneously with the filing of this jury demand which they may show themselves justly entitled.

Respectfully submitted,

DAW & RAY, LLP

/s/ James K. Floyd

James K. Floyd; TBN:24047628
Email: jfloyd@dawray.com
Elizabeth W. Yancy; SBN: 24098642
Email: eyancy@dawray.com
14100 San Pedro Ave., Suite 302
San Antonio, TX 78232
(210) 224-3121 Telephone
(210) 224-3188 Facsimile

ATTORNEYS FOR DEFENDANT
WAL-MART STORES TEXAS, LLC.

CERTIFICATE OF SERVICE

The undersigned does hereby certify that a true and correct copy of the above and foregoing instrument has been served upon all known counsel of record by electronic service on this the 10th day of December, 2021.

Michael Garatoni
DASPIT LAW FIRM
9601 McAllister Freeway, Suite 916
San Antonio, Texas 78216

Email: e-service@daspitlaw.com

/s/ *James K. Floyd*

James K. Floyd

Exhibit E

CAUSE NO. 2021CI23649

RENITA HARRIS	§	IN THE DISTRICT COURT
<i>Plaintiff,</i>	§	
v.	§	285 TH JUDICIAL DISTRICT
WAL-MART STORES TEXAS, LLC	§	
<i>Defendant.</i>	§	BEXAR COUNTY, TEXAS
	§	

PLAINTIFF'S FIRST SUPPLEMENTAL DISCLOSURES

TO: *Defendant, WAL-MART STORES TEXAS, LLC*, by and through the attorneys of record, James K. Floyd and Elizabeth W. Yancy, DAW & RAY, LLP, 14100 San Pedro Ave., Suite 302, San Antonio, Texas 78232.

Plaintiff in the above-entitled and numbered cause, serves the following Initial Disclosures to Defendant, in accordance with Rule 194.

Respectfully submitted,

DASPIIT LAW FIRM

/s/ Michael H. Garatoni
Michael H. Garatoni
Texas State Bar No. 24092958
440 Louisiana St., Suite 1400
Houston, Texas 77002
Telephone: (713) 588-0383
Facsimile: (713) 587-9086
Email: e-service@daspitlaw.com

ATTORNEY FOR PLAINTIFF

CERTIFICATE OF SERVICE

I hereby certify that a true copy of Plaintiff's Initial Disclosures was served on all counsel of record in accordance with Rules 21 and 21a of the Texas Rules of Civil Procedure, on the 29th day of March 2022.

Via e-mail: jfloyd@dawray.com and eyancy@dawray.com

James K. Floyd
Elizabeth W. Yancy
DAW & RAY, LLP
14100 San Pedro Ave., Suite 302
San Antonio, Texas 78232
Tel: (210) 224-3121
Fax: (210) 224-3188
E-mail: jfloyd@dawray.com
eyancy@dawray.com

ATTORNEYS FOR DEFENDANT

/s/ Michael H. Garatoni

Michael H. Garatoni

PLAINTIFF'S INITIAL DISCLOSURES

Rule 194.2 Initial Disclosures

1. The correct names of the parties to the lawsuit

RESPONSE:

Plaintiff believes the parties are correctly named.

2. The name, address, and telephone number of any potential parties.

RESPONSE:

There are no other potential parties to this lawsuit.

3. The legal theories and, in general, the factual bases of your claims or defenses.

RESPONSE:

This lawsuit is necessary as a result of personal injuries that Plaintiff received on or about September 30, 2021. At that time, Plaintiff was an invitee at Defendant's store at 1603 Vance Jackson Rd., San Antonio, Tx 78213. Plaintiff was using Walmart's electric cart when it suddenly stopped and jerked her. Plaintiff attempted to continue shopping; however, the cart continued to jerk her back and forth. The malfunctioning cart caused the Plaintiff to suffer severe injuries to her head, neck, back and shoulder area. There were no warning signs indicating a possible cart malfunction. Plaintiff was not aware of the dangerous and defective condition.

At the time of the incident in question, Plaintiff was an invitee of the Defendant. Defendant knew or should have known of the unreasonably dangerous condition and neither corrected nor warned Plaintiff of it. Plaintiff did not have any knowledge of the dangerous condition and could not have reasonably been expected to discover it. Defendant either created the condition and/or failed to correct the condition or to warn Plaintiff about the dangerous condition, which constituted negligence, and such negligence was a proximate cause of the occurrence in question and Plaintiff's resulting injuries.

Plaintiff would show that, based on the above-described facts, Defendant was negligent. Defendant, as occupier and owner of the premises, with control over the premises, had a duty to inform Plaintiff of the dangerous condition and make safe the defective condition existing on Defendant's premises.⁹ Defendant is liable to Plaintiff under the theory of premises liability and negligence based on the following negligent conduct:

- a. Failure to maintain the premises, including the service of ride-on electric carts, in a reasonably safe condition;
- b. Failure to inspect the premises where the dangerous condition existed;

- c. Failure to correct the condition by taking reasonable measure to safeguard persons who entered the premises;
- d. Failure to inform Plaintiff of the dangerous condition existing on the premises; and
- e. Other acts deemed negligent.10. Each of the foregoing negligent acts and/or omissions, whether taken singularly or in any combination, was a proximate cause of Plaintiff's injuries and damages that are described below.

Defendant was also negligent in that it failed to act as a reasonably prudent premise owner would act in the same or similar situation.

Damages

As a result of these acts or omissions, Plaintiff sustained damages recognizable by law. 13. By virtue of the actions and conduct of Defendant as set forth above, Plaintiff was seriously injured and is entitled to recover the following damages:

- a. Past and future medical expenses;
- b. Past and future pain, suffering and mental anguish;
- c. Past and future physical impairment;
- d. Past and future physical disfigurement; and
- e. Past lost wages and future loss of earning capacity.

By reason of the above, Plaintiff is entitled to recover damages from Defendant in an amount within the jurisdictional limits of this Court, as well as pre and post-judgment interest.

4. The amount and any method of calculating economic damages.

RESPONSE:

Plaintiff's damages will be calculated by totaling the past and future medical expenses incurred as a result of the incident made the basis of this suit. Plaintiff's past medical expenses will be supplemented when additional expenses are received. Plaintiff's physicians will offer opinions regarding the cost of Plaintiff's future medical care. All other areas of damages will be determined by the trier of the fact.

The method of calculating past medical bills will be by simple addition. Following hereto are Plaintiff's total amount of medical bills in the past received to date:

MRI Centers of Texas	\$2,554.00
Baptist Emergency Hospital	\$1,387.00
Waltham Consultants PA	\$282.00
CareFor PA	\$18,331.00
Total To-Date	\$22,554.00

Plaintiff will calculate lost wages and/or income by multiplying the numbers of hours and/or days missed from work by the corresponding hourly pay, and multiply the diminution in value of earnings, if any, by Plaintiff's reasonable work life expectancy, and a reasonable rate of inflation.

5. The name, address, and telephone number of persons having knowledge of relevant facts, and a brief statement of each identified person's connection with the case.

RESPONSE:

Renita Harris
c/o Michael H. Garatoni
DASPLIT LAW FIRM
440 Louisiana Street, Suite 1400
Houston, Texas 77002
Tel. 713-322-4878
Plaintiff

Wal-Mart Stores Texas, LLC
c/o James K. Floyd and Elizabeth W. Yancy
DAW & RAY, LLP
14100 San Pedro Ave., Suite 302
San Antonio, Texas 78232
Tel. 210-224-3121
Defendant

Additionally, all names listed in Defendant's Required Disclosure.

The following are non-retained medical providers who have provided care and treatment to Plaintiff:

MRI Centers of Texas
Lorenzo M. Farolan, MD
Medical Providers and/or
Custodian of Records
4400 Vance Jackson Rd.
San Antonio, Texas 78230
Tel. 210-468-2975
Healthcare Provider for Plaintiff

Baptist Emergency Hospital
Emily Pavlik, MD
Medical Providers
And/or Custodian of Records
8230 North 1604 West
San Antonio, Texas 78249

(210) 572-8885
Plaintiff's Healthcare Provider

CareFor PA
John Hall, D.O.
Donald Baxter, M.D.
Medical Providers and/or
Custodian of Records
7220 Louis Pasteur, Ste. 130
(210) 468-3440

Waltham Consultants P.A.
Lorenzo M. Farolan, MD
Medical Providers and/or
Custodian of Records
2612 Coernstone Blvd.
Edinburg, TX 78539
(956) 631-7777

Plaintiff will supplement additional information upon receipt.

6. A copy-or a description by category and location-of all documentation, electronically stored information, and tangible things that the responding party has in its possession, custody, or control, and may use to support its claims or defenses, unless the use would besoely for impeachment.

RESPONSE:

Please see attached.

7. Any indemnity and insuring agreements described in Rule 192.3(f).

RESPONSE:

None.

8. Any settlement agreements described in Rule 192.3(g).

RESPONSE:

None.

9. Any witness statements described in Rule 192.3(h).

RESPONSE:

None.

10. In a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills that are reasonably related to the injuries or damages asserted or, in lieu thereof, an authorization permitting the disclosure of such medical records and bills.

RESPONSE:

Please see attached medical records.

11. In a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills obtained by you, by virtue of an authorization furnished by the requesting party

RESPONSE:

None.

12. The name, address, and telephone number of any person who may be designated as a responsible third party.

RESPONSE:

Plaintiff is not aware of any responsible third parties.

MEDICAL RECORDS AFFIDAVIT

Records Pertaining To: HARRIS, RENITA

DOB:

SSN:

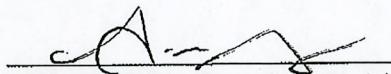
DOI:

Before me, the undersigned authority, personally appeared Arely Salinas, who, being by me duly sworn, deposed as follows:

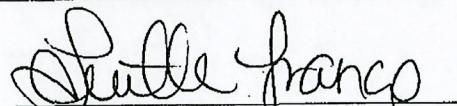
I am of sound mind and capable of making this sworn statement. I have personal knowledge of the facts written in this statement.

I am the custodian of records of Waltham Consultants P.A. and am familiar with the manner in which its records are created and maintained by virtue of my duties and responsibilities.

Attached are 2 pages of records. These are the original records or exact duplicates of the original records. The records were made at or near the time of each act, event, condition, opinion, or diagnosis set forth. The records were made by, or from information transmitted by, persons with knowledge of the matters set forth. The records were kept in the course of regularly conducted business activity. It is the regular practice of the business activity to make the records.


AFFIANT (Custodian of Records)

Sworn to and subscribed before me on the 8th day of December, 20 21.


NOTARY PUBLIC





P.O. BOX 224852, DALLAS, TX 75222
(972)498-1961 Fax (972)498-1965

PATIENT ID:

PATIENT: HARRIS, RENITA

DATE OF EXAM: 11/10/2021

DATE OF BIRTH:

AGE / SEX:

y.o. / F
Dr. JOHN HALL

REFERRING

PHYSICIAN:

Exam: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

Clinical Information:

Technique:

Sagittal and axial cuts using T1W, T2W and STIR sequences.

Findings:

The cervical lordotic curve and bone marrow signal are normal. Disc spaces are well maintained. Small osteophytes are seen anteriorly at C3-C4, C4-C5 and C5-C6. The odontoid process is intact. The cervical spinal cord is normal in size and signal intensity.

There is no evidence of fracture, dislocation, epidural hematoma or soft tissue mass.

At C1-C2, no abnormality is seen between the odontoid process of C2 and anterior arch of C1. The cranivertebral junction is normal. There is no evidence of Chiari malformation.

At C2-C3, there is no evidence of disc herniation or spinal stenosis.

At C3-C4, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but mainly in the central and paracentral region measuring 2.6 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.

At C4-C5, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.4 mm in AP diameter, indenting the thecal sac, indenting the spinal cord. There is slight central spinal stenosis at this level. The central spinal canal measures 9 mm in AP diameter, (normal central spinal canal usually measures between 10-12 mm in AP diameter).

At C5-C6, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region

ID: Name: HARRIS, RENITA DOB:

measuring 3.1 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.

At C6-C7, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more to the right measuring 2.6-2.9 mm in AP diameter, indenting the thecal sac, touching the spinal cord, causing slight to moderate right lateral recess and right foraminal stenosis.

At C7-T1, there is no evidence of disc herniation or spinal stenosis.

Impression:

- A. At C6-C7, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more to the right measuring 2.6-2.9 mm in AP diameter, indenting the thecal sac, touching the spinal cord, causing slight to moderate right lateral recess and right foraminal stenosis.
- B. At C4-C5, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.4 mm in AP diameter, indenting the thecal sac, indenting the spinal cord. There is slight central spinal stenosis at this level. The central spinal canal measures 9 mm in AP diameter, (normal central spinal canal usually measures between 10-12 mm in AP diameter).
- C. At C5-C6, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.1 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.
- D. At C3-C4, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but mainly in the central and paracentral region measuring 2.6 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.

Digitally signed by: Dr. lorenzo m farolan on November 17, 2021 02:17:58 PM

Date Dictated: November 17, 2021

Date Transcribed: November 17, 2021 by hogla aleman

FINAL REPORT

BILLING RECORDS AFFIDAVIT

Records Pertaining To: HARRIS, RENITA

DOB:

SSN:

DOI:

Before me, the undersigned authority, personally appeared Arely Salinas, who, being by me duly sworn, deposed as follows:

I am of sound mind and capable of making this sworn statement. I have personal knowledge of the facts written in this statement.

I am the custodian of records of Waltham Consultants P.A. and am familiar with the manner in which its records are created and maintained by virtue of my duties and responsibilities.

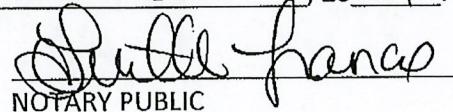
Attached are 1 pages of records. These are the original records or exact duplicates of the original records. The records were made at or near the time of each act, event, condition, opinion, or diagnosis set forth. The records were made by, or from information transmitted by, persons with knowledge of the matters set forth. The records were kept in the course of regularly conducted business activity. It is the regular practice of the business activity to make the records.

On the dates indicated on the attached records, Waltham Consultants P.A. provided services to HARRIS, RENITA. An itemized statement of the services and the charges for the services is attached to this affidavit and is part of this affidavit.

The services provided by Waltham Consultants P.A. were necessary and the amount charged for the services was reasonable at the time and place that the services were provided. The total amount paid for the services was \$ 0.00, and the amount currently unpaid but which Waltham Consultants P.A. has a right to be paid after any adjustments or credits is \$ 282.00.


AFFIANT (Custodian of Records)

Sworn to and subscribed before me on the 8th day of December, 2021.


NOTARY PUBLIC



HARRIS 0027

Waltham Consultants, P.A.

2612 CORNERSTONE BLVD
EDINBURG, TX 78539

Page: 1

(956)631-7777

11/30/2021

Patient: RENITA HARRIS

Instructions:

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

DOB

Chart #: HARRE002

Case #: 99832

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
11/10/2021	Mri C/Spine W/Out	72141-26	26	M50.20				1	282.00

Provider Information

Provider Name: WALTHAM

License:

Insurance PIN:

SSN or EIN:

Total Charges:	\$ 282.00
Total Payments:	\$ 0.00
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 282.00
Total Account Balance:	\$ 282.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature:

Date:

HARRIS 0028

BILLING RECORDS AFFIDAVIT

Records Pertaining To: **Renita Harris**

DOB:

SSN:

DOI: 09/30/2021

Before me, the undersigned authority, personally appeared Darlene O'Neal, who, being by me duly sworn, deposed as follows:

I am of sound mind and capable of making this sworn statement. I have personal knowledge of the facts written in this statement.

I am the custodian of records of **CareFor PA** and am familiar with the manner in which its records are created and maintained by virtue of my duties and responsibilities.

Attached are 1 pages of records. These are the original records or exact duplicates of the original records. The records were made at or near the time of each act, event, condition, opinion, or diagnosis set forth. The records were made by, or from information transmitted by, persons with knowledge of the matters set forth. The records were kept in the course of regularly conducted business activity. It is the regular practice of the business activity to make the records.

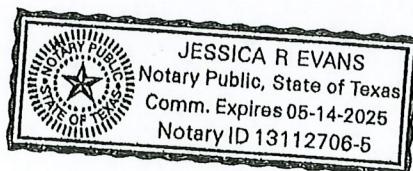
On the dates indicated on the attached records, **CareFor PA** provided services to Renita Harris. An itemized statement of the services and the charges for the services is attached to this affidavit and is part of this affidavit.

The services provided by **CareFor PA** were necessary and the amount charged for the services was reasonable at the time and place that the services were provided. The total amount paid for the services was \$ -0- and the amount currently unpaid but which **CareFor PA** has a right to be paid after any adjustments or credits is \$18,331.00.

Darlene O'Neal

AFFIANT (Custodian of Records)

Sworn to and subscribed before me on the 25th day of March, 2022.



Jessica Evans
NOTARY PUBLIC

CareFor PA
 7220 Louis Pasteur Ste 130
 San Antonio, TX 78229-5434
 (409) 839-4600

March 15, 2022

Federal ID:
 NPI #

Patient #:
 RENITA HARRIS
 6831 ALAMO PARKWAY APT 1105
 SAN ANTONIO, TX 78253

Employed By:

Claim Number:

Diagnosis For Accident On 09/30/21

M62.838 Other muscle spasm
 M50.11 Cervical disc disorder with radiculopathy, high cervical region
 M50.121 Cervical disc disorder at C4-C5 level with radiculopathy
 M50.122 Cervical disc disorder at C5-C6 level with radiculopathy

Date	Service Descriptions	Charge	Receipt	Total
10/27/21	99203 NEW PATIENT EXPANDED EXAM	875.00		875.00
11/12/21	9921325 EST INTERMEDIATE EXAM	478.00		1353.00
11/12/21	20552 TRIGGER POINT INJ 1-2 MUSCLES	1866.00		3219.00
11/23/21	9921325 EST INTERMEDIATE EXAM	478.00		3697.00
11/23/21	62321 C/T INTERLAMINAR ESI- IMAGING INC	4500.00		8197.00
11/23/21	J3301 KENALOG 60MG/ML - 6 units	90.00		8287.00
12/07/21	9921325 EST INTERMEDIATE EXAM	478.00		8765.00
12/07/21	6449050 C/T MEDIAL BRANCH BLOCK-1ST LVL	5500.00		14265.00
12/07/21	64491RT C/T MEDIAL BRANCH BLOCK-2ND LVL	1375.00		15640.00
12/07/21	64491LT C/T MEDIAL BRANCH BLOCK-2ND LVL	1375.00		17015.00
12/07/21	J3301 KENALOG 60MG/ML - 6 units	90.00		17105.00
12/07/21	S0020 MARCAINE HCl 0.25% - 75MG/30ML	120.00		17225.00
12/07/21	Q9966 OMNIPAQ 240MG/ML	150.00		17375.00
12/23/21	99213 EST INTERMEDIATE EXAM	478.00		17853.00
03/03/22	99213 EST INTERMEDIATE EXAM	478.00		18331.00
		\$18331.00	\$0.00	\$18331.00

HARRIS 0030

MEDICAL RECORDS AFFIDAVIT

Records Pertaining To: **Renita Harris**
DOB: _____
SSN: _____
DOI: **09/30/2021**

Before me, the undersigned authority, personally appeared Darlene O'Neal, who, being by me duly sworn, deposed as follows:

I am of sound mind and capable of making this sworn statement. I have personal knowledge of the facts written in this statement.

I am the custodian of records of **CareFor PA** and am familiar with the manner in which its records are created and maintained by virtue of my duties and responsibilities.

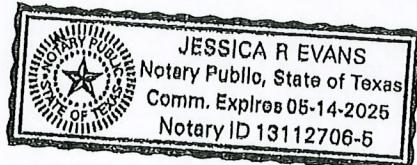
Attached are 39 pages of records. These are the original records or exact duplicates of the original records. The records were made at or near the time of each act, event, condition, opinion, or diagnosis set forth. The records were made by, or from information transmitted by, persons with knowledge of the matters set forth. The records were kept in the course of regularly conducted business activity. It is the regular practice of the business activity to make the records.

Darlene O'Neal

AFFIANT (Custodian of Records)

Sworn to and subscribed before me on the 25th day of March, 2022.

Jessica Evans
NOTARY PUBLIC





Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Pain Management Evaluation

Date of Evaluation: October 27, 2021
Patient Name: Renita Harris
Patient Sex: Female
Date of Birth:
Date of Injury: September 30, 2021
Procedure Performed By: John Hall, D.O.

HISTORY OF ACCIDENT:

The patient is a -year-old female who presents today with injuries sustained when she was driving an electric cart that stopped abruptly jerking her forward and backward.

SYMPTOMS:

Headaches of a moderate to severe level.

Neck pain of a moderate level.

Range of Motion was restricted upon flexion, extension, left lateral flexion, right lateral flexion, left rotation, and right rotation.

Muscle spasms contributed to the patient's pain and restricted range of motion.

Deep tendon reflexes were +2 bilaterally and motor strength was +5 bilaterally.

Left Shoulder pain of a moderate level.

Between Left Shoulder pain of a moderate level.

Left Arm pain of a moderate level.

Mid-Back pain of a moderate to severe level.

ACTIVITIES OF DAILY LIVING:

The patient states the following Activities of Daily Living are affected due to pain:

General activities, normal happy mood, enjoyment of life, unable to perform household chores, normal yard work is limited, unable to walk far distances, restful and restorative sleep is interrupted, difficulty transferring to and from the toilet, and difficulty bathing in a normal fashion.

SOCIAL HISTORY:

Drinks caffeine
Has a high stress level

FAMILY HISTORY:

Divorced
Father deceased – natural causes
Mother deceased - cancer
6 Siblings alive
2 Siblings deceased
4 Children alive

MEDICATIONS:

Diclofenac
Hydrochlorothiazide

NUTRITIONAL SUPPLEMENTS:

Vitamin D3
Vitamin C
Elderberry
Zinc

REVIEW OF SYMPTOMS:

<u>Constitutional:</u>	Weight gain
<u>Eyes:</u>	Wears glasses
<u>Cardiovascular:</u>	Chest pain, high blood pressure, and shortness of breath
<u>Respiratory:</u>	Denies all
<u>Integumentary:</u>	Breast lumps/pain
<u>Gastrointestinal:</u>	Abdominal pain and heartburn
<u>Genitourinary:</u>	Cramps and lack of bladder control
<u>ENMT:</u>	Sore throat and ringing in ears
<u>Neurological:</u>	Change in concentration
<u>Psychiatric:</u>	Denies all
<u>Endocrine:</u>	Denies all
<u>Hematologic:</u>	Denies all
<u>Allergic/Immunologic:</u>	Denies all

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5' 9" Weight: 284 lbs. Temperature: 98.2°
Blood Pressure: 124/75 Pulse: 53

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Lung sounds – non-contributory. Bowel sounds – non-contributory.

Allergies: Codeine

ORTHOPEDIC TEST:

Maximum Cervical Rotation was positive on the left.
Cervical Compression was positive bilaterally.

DIAGNOSIS:

Cervical

Cervical Spine Sprain / Strain
Muscle Spasms

PLAN OF CARE:

Based upon a reasonable degree of medical certainty, it is my professional opinion that the injuries sustained as a result of this accident.

Cervical MRI ordered
Follow-up appointment scheduled

Sincerely,

John Hall, D.O.
Transcribed - subject to dictation and transcription variance.
JH/ac



7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Patient Name: Renita Harris

Date: 10-27-24

Patient Phone: _____

Birth Date: _____

Diagnostic Referral

Brain	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	S00.83XA - Head Contusion G44.309 Post Traumatic HA			
Cervical	<input checked="" type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	S13.4XXX			
Thoracic	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	S23.3XXA			
Lumbar	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	S33.5XXA			
<input type="checkbox"/> Left <input type="checkbox"/> Right		Shoulder	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S43.402A	Right S43.401A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Upper Arm	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S46.912A	Right S46.911A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Lower Arm	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S56.912A	Right S56.911A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Elbow	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S53.402A	Right S53.401A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Wrist	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S63.502A	Right S63.501A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Hand	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S63.92XA	Right S63.91XA
<input type="checkbox"/> Left <input type="checkbox"/> Right		Hip	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S73.102A	Right S73.101A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Upper Leg	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S76.912A	Right S76.911A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Lower Leg	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S86.912A	Right S86.911A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Knee	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S83.92XA	Right S83.91XA
<input type="checkbox"/> Left <input type="checkbox"/> Right		Ankle	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S93.402A	Right S93.401A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Foot	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left S93.602A	Right S93.601A
<input type="checkbox"/> Left <input type="checkbox"/> Right		Other	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left _____	Right _____
<input type="checkbox"/> Left <input type="checkbox"/> Right		Other	<input type="checkbox"/> MRI	<input type="checkbox"/> OCT	<input type="checkbox"/> OX-Ray	<input type="checkbox"/> with contrast	Left _____	Right _____

Physical Therapy Referral: Evaluate Treat

<input type="checkbox"/> Cervical	<input type="checkbox"/> L R Shoulder	<input type="checkbox"/> L R Upper Arm	<input type="checkbox"/> L R Lower Arm	<input type="checkbox"/> L R Elbow	<input type="checkbox"/> L R Wrist	<input type="checkbox"/> L R Hand
<input type="checkbox"/> Lumbar	<input type="checkbox"/> L R Hip	<input type="checkbox"/> L R Upper Leg	<input type="checkbox"/> L R Lower Leg	<input type="checkbox"/> L R Knee	<input type="checkbox"/> L R Ankle	<input type="checkbox"/> L R Foot
<input type="checkbox"/> Thoracic						

John Hall, D.O. _____

NPI: _____

Donald Baxter, M.D. _____

NPI: _____

James Slayton, D.O. _____

NPI: _____

Dean Parsons, D.C. _____

NPI: _____

HARRIS 0035



Carefor PA

Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Pain Management Follow-Up Evaluation

Date of Evaluation: November 12, 2021

Patient Name: Renita Harris

Patient Sex: Female

Date of Birth:

Date of Injury: September 30, 2021

Procedure Performed By: John Hall, D.O.

HISTORY OF ACCIDENT:

The patient is a -year-old female who presents today with injuries sustained when she was driving an electric cart that stopped abruptly jerking her forward and backward.

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5' 9" Weight: 286 lbs. Temperature: 98.6°
Blood Pressure: 111/74 Pulse: 75

Vascular Evaluation: Heart sounds - non-contributory. Rhythm - non-contributory.

General Sounds: Respiration - 18. Lung sounds - non-contributory. Bowel sounds - non-contributory.

Allergies: Codeine

SYMPTOMS

Neck, Left Shoulder, Between Left Shoulder, Left Arm, Mid-Back Pain and Headaches

CERVICAL

Range of Motion - restricted

Muscle Spasms - contributed to the patient's restricted range of motion

Pain - contributed to the patient's restricted range of motion

The patient reports continued limited daily activities due to pain.
Pain medication does help in alleviating the patient's pain.

MEDICATIONS:

Diclofenac

Hydrochlorothiazide

ORTHOPEDIC TEST:

Maximum Cervical Rotation was positive on the left.

Cervical Compression was positive on the left.

DIAGNOSIS:

Cervical

Cervical Spine Sprain / Strain

Muscle Spasms

PLAN OF CARE:

Follow-up after MRI's are ready.

Trigger Point Injections - Cervical

Risks and benefits copy given

Follow-up appointment scheduled

Sincerely,

John Hall, D.O.

Transcribed - subject to dictation and transcription variance.

JH/af



Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Pain Management Follow-Up Procedure Note

Date of Procedure: November 12, 2021
Patient Name: Renita Harris
Patient Sex: Female
Date of Birth:
Procedure Performed By: John Hall, D.O.

PROCEDURE PERFORMED TODAY:

Trigger Point Injection @ Cervical Left Trapezius Muscles

Anesthesia: local

Allergies: Codeine

JUSTIFICATION FOR PROCEDURE:

Neck, Left Shoulder, Between Left Shoulder, Left Arm, Mid-Back Pain and Headaches

CERVICAL

Range of Motion - restricted

Muscle Spasms - contributed to the patient's restricted range of motion

Pain - contributed to the patient's restricted range of motion

PROCEDURE TECHNIQUE:

(TPI) Trigger Point Injection: Cervical Left Trapezius Muscles

Subjective Complaints: acute, pain, and tenderness

Objective Complaints: acute and moderate

Palpable Findings: muscle pain

Patient's Assessment: patient had restricted range of motion due to muscle spasm, acute, and muscle weakness

Plan of Care: follow-up in one weeks

The patient was brought into the procedure room and placed on the exam table. The cervical left trapezius muscles region was prepped in the usual sterile fashion. A 5ml syringe of 3ml of 1% Lidocaine HCl (10mg/ml) was prepared.

Trigger Point Injection (Continued)

Using a 25G needle, the total volume of fluid was injected into the cervical left trapezius muscles without difficulty. The patient tolerated the procedure well, without complications.

Adverse Reaction:

None

Medication	Lot Number	Expiration Date
Lidocaine	22074DK	October 01, 2022

Discharge instructions were given to the patient.

Sincerely,

John Hall, D.O.

Transcribed - subject to dictation and transcription variance.

JH/af

CARE FOR PA

Disclosure & Consent Medical Procedure

TO THE PATIENT: You have the right, as a patient, to be informed about your medical procedure, including the known risks. This disclosure is simply an effort to make you better informed so that you may give or withhold your consent for the procedure.

I voluntarily request my health care provider, and such associates, technical assistants and other health care providers as they may deem medically necessary, to treat my condition which has been explained to me as, I understand that the following procedures are deemed medically necessary for me and I voluntarily consent and authorize these procedures:

Epidural Steroid Injection Medical Branch Block Intra-Articular Joint Trigger Point Injection

Diagnosis: Discopathy Cervical Thoracic Lumbar

Left Right Left Right

(1) Cervical

Procedure(s):

<u>Cervical ESI</u>	<input type="checkbox"/> Transforaminal <input type="checkbox"/> Intralaminar	C1/2 C2/3 C3/4 C4/5 C5/6 C6/7 C7/T1
<u>Thoracic ESI</u>	<input type="checkbox"/> Transforaminal <input type="checkbox"/> Intralaminar	T1/2 T2/3 T3/4 T4/5 T5/6 T6/7 T7/8 T8/9 T9/10 T10/11 T11/12
<u>Lumbar ESI</u>	<input type="checkbox"/> Transforaminal <input type="checkbox"/> Intralaminar	T12/L1 L1/2 L2/3 L3/4 L4/5 L5/S1

Medical Branch Block - Levels:

Joint Injections

Intra-Articular Joint Left Right _____
 Intra-Articular Joint Left Right _____

I understand that another or different condition, which requires additional or different procedures, other than those planned may be discovered. I authorized my health care provider, associates, technical assistants and other health care provider to perform such procedures which are advisable in their professional judgement.

Risks:

I understand that some risks and hazards may occur in connection with the procedure.

Short term effects: Increase in blood sugar, increase in blood pressure, headaches, fever, facial flushing, temporary localized increase in pain, infection and bleeding at the injection site, sleeplessness for a few days, anxiety, stomach ulcers

With any anesthetic or procedure, there is always the possibility of an unexpected side effect or complication(s), such as an allergic reaction, nerve damage, heart attack or death.

I have been afforded the opportunity to discuss with my health care provider all risks, the potential benefits and hazards, any alternative treatment and potential problems related to my procedure, as well as recuperation and the possible results of non-treatment. I fully understand all such risks and hazards agreed to proceed with the procedure my health care provider has deemed medically necessary. Should a hazard arise, I further agree to mediate the cause with my health care provider. I further understand that no warranty or guarantee has been made to me as for the result of care.

I certify that my procedure(s) have been fully explained to me, that I have read this consent in its entirety or I have had this consent read to me and I fully understand its contents.

Renita Harris
Patient Name Printed

11/12/2021
Date

Renita Harris
Patient Signature

Disclosure & Consent

Trigger Point Injection Treatment Sheet

Date: 11-12-21
 Patient Name: Renita Harris

History (ex. gradual - automobile accident - slip & fall):

Electric Cart accident
 Diagnosis: neck pain

Subjective Complaints

acute chronic cervical pain tenderness swelling

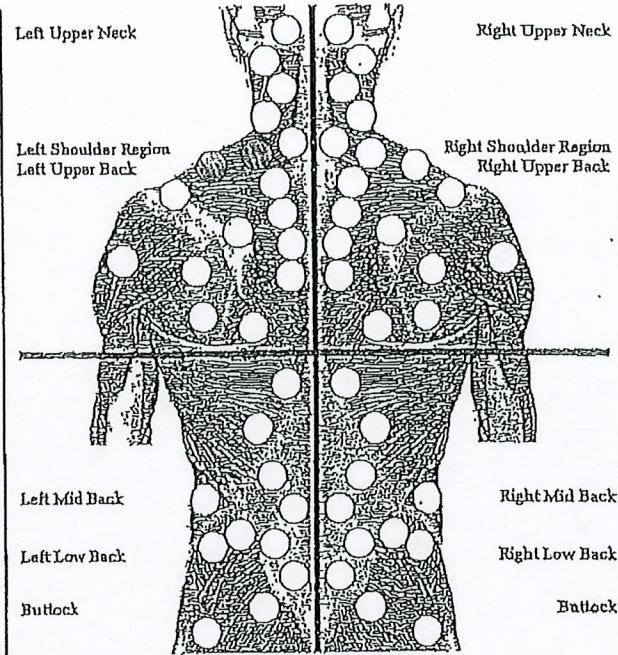
acute chronic shoulder pain tenderness swelling

acute chronic upper back pain tenderness swelling

acute chronic mid back pain tenderness swelling

acute chronic low back pain tenderness swelling

acute chronic buttock pain tenderness swelling



Muscles Involved:
 (check all that apply)

Splenius Capitis Splenius Cervicis Levator Scapulae Rhomboide Major Rhomboide Minor Trapezius
 Supraspinatus Deltoid Infraspinatus Fascia Rhomboide Teres Minor Teres Major Abdominal
 Latissimus Dorsi Thoracolumbar Fascia Gluteus Minimus Gluteus Medius Gluteus Maximus
 Paraspinal Muscles G T L Other _____

Objective Complaints

acute chronic cervical mild moderate severe very severe

acute chronic shoulder mild moderate severe very severe

acute chronic upper back mild moderate severe very severe

acute chronic mid back mild moderate severe very severe

acute chronic low back mild moderate severe very severe

acute chronic buttock mild moderate severe very severe

Palpable Findings

Ligament Pain Tendon Pain Muscle Pain
 Ligament Pain Tendon Pain Muscle Pain

Patient's Assessment

Patient had restricted ROM due to MUSCLE SPASM
 Myositis - Acute Chronic
 Muscle Weakness @ Cervical
 Parasthesia @ _____

Patient's Plan of Care

Follow up medical evaluation on 1 Wk (date)
 Therapy ~ _____ x's per week for _____ weeks
 Rehabilitation ~ _____ x's per week for _____ weeks
 Strengthen weak area, increase function and improve patient's ADL

Trigger Point Injections

A $1\frac{1}{2}$ inch 25 gauge needle was used to perform the injections
 Benefits and risks were discussed with the patient.

"Prior" Trigger Point Injections

Were _____ % effective in reducing the patient's pain.

Write the percentage relief from symptoms the patient received.

Signature: _____

f:\data\common\blot pt files\blank originals\trigger point form



Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Pain Management Follow-Up Evaluation

Date of Evaluation:	November 23, 2021
Patient Name:	Renita Harris
Patient Sex:	Female
Date of Birth:	
Date of Injury:	September 30, 2021
Procedure Performed By:	John Hall, D.O.

HISTORY OF ACCIDENT:

The patient is a -year-old female who presents today with injuries sustained when she was driving an electric cart that stopped abruptly jerking her forward and backward.

PRIOR TREATMENT FOR THIS INJURY:

Trigger Point Injection @ Cervical Left Trapezius Muscles

Adverse reaction to previous treatment:

None

EXAM:**Physical Evaluation:**

Patient Vitals: Height: 5' 9" Weight: 286 lbs. Temperature: 98.4°
Blood Pressure: 110/57 Pulse: 60

Vascular Evaluation: Heart sounds - non-contributory. Rhythm - non-contributory.

General Sounds: Respiration - 16. Lung sounds - non-contributory. Bowel sounds - non-contributory.

Allergies: Codeine

SYMPTOMS

Neck, Left Shoulder, Between Left Shoulder, Left Arm, Mid-Back Pain and Headaches

CERVICAL

Range of Motion - restricted

Muscle Spasms - contributed to the patient's restricted range of motion

Pain - contributed to the patient's restricted range of motion

The patient reports continued limited daily activities due to pain.
Pain medication does not help in alleviating the patient's pain.

MEDICATIONS:

Diclofenac

Hydrochlorothiazide

ORTHOPEDIC TEST:

Maximum Cervical Rotation was positive bilaterally.

Cervical Compression was positive bilaterally.

DIAGNOSIS:

Cervical

Cervical Disc Disorder with Radiculitis

Muscle Spasms

MRI:

MRI Cervical Spine without Contrast- MRI Centers of Texas- November 10,2021

Impression: A. At C6-C7, there is posterior protrusion-subligamentous disc herniation in the central and Lateral aspect in both sides, but more to the right measuring 2.6-2.9 mm in AP diameter, indenting the thecal sac, touching the spinal cord, causing slight to moderate right lateral recess and right foraminal stenosis. B. At C4-C5m there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.4 mm in AP diameter, indenting the thecal sac, indenting the spinal cord. There is slight central spinal stenosis at this level. The central spinal canal measures 9 mm in AP diameter, (normal central spinal canal usually measures between 10-12 mm in AP diameter). C. At C5-C6, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.1 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level. D. At C3-C4, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but mainly in the central and paracentral region measuring 2.6 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.

PLAN OF CARE:

Interlaminar ESI - Cervical

Risks and benefits copy given

Follow-up appointment scheduled

Sincerely,

John Hall, D.O.
Transcribed - subject to dictation and transcription variance.
JH/af



Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Pain Management Follow-Up Procedure Note

Date of Procedure: November 23, 2021
Patient Name: Renita Harris
Patient Sex: Female
Date of Birth:
Procedure Performed By: John Hall, D.O.

PROCEDURE PERFORMED TODAY:

Interlaminar Epidural Injection @ Cervical Midline C7-T1

Anesthesia: local

Allergies: Codeine

JUSTIFICATION FOR PROCEDURE:

Neck, Left Shoulder, Between Left Shoulder, Left Arm, Mid-Back Pain and Headaches

CERVICAL

Range of Motion - restricted

Muscle Spasms - contributed to the patient's restricted range of motion

Pain - contributed to the patient's restricted range of motion

PROCEDURE TECHNIQUE:**Cervical Interlaminar ESI - Midline C7-T1**

The patient was identified and interviewed in the treatment room. The risks, benefits and alternatives to the procedure were discussed with the patient to include the risk of headache, infection, increased pain, hematoma and paralysis. The patient understands the risks and wishes to proceed. After informed consent was given, the patient was taken to the procedure room and placed on the fluoroscopic table in a prone position. When the patient was comfortable, the patient was steriley draped. Once the patient was ready, the 3ml of 1% Lidocaine HCl (10mg/ml) - 50ml vial was injected into the subcutaneous tissue for anesthetic purposes. The patient tolerated the subcutaneous injection well. After the subcutaneous injection for anesthetic purposes was given, a 20G x 3.5" Touhy Needle was inserted into the midline C7-T1 epidural space. The space was confirmed by fluoroscopic scan.

Cervical Interlaminar ESI (Continued)

In order to best localize the proper epidural space and side, fluoroscopy was utilized. Fluoroscopy was also utilized for safety reasons. An 8ml solution in a 10ml syringe consisting of 1ml of Kenalog (60mg/ml) - 30ml vial, 2ml of 1% Lidocaine HCl (10mg/ml) - 50ml vial, and 5ml normal saline was then injected into the cervical epidural space. The patient tolerated this well with no hematoma, no paresthesia, and showed a needle place in the appropriate epidural space. Contrast was injected which revealed a typical epidural pattern with no evidence of leak of contrast into a vacuolar structure or subarachnoid space at final needle placement. After the procedure, the patient was transferred to the observation room in good condition.

Adverse Reaction:

None

Medication	Lot Number	Expiration Date
Lidocaine	22074DK	October 01, 2022
Kenalog	080920219173312	February 05, 2022

Discharge instructions were given to the patient.

Sincerely,

John Hall, D.O.

Transcribed - subject to dictation and transcription variance.

JH/af

CARE FOR PA

Disclosure & Consent - Medical Procedure

TO THE PATIENT: You have the right, as a patient, to be informed about your medical procedure, including the known risks. This disclosure is simply an effort to make you better informed so that you may give or withhold your consent for the procedure.

I voluntarily request my health care provider, and such associates, technical assistants and other health care providers as they may deem medically necessary, to treat my condition which has been explained to me as, I understand that the following procedures are deemed medically necessary for me and I voluntarily consent and authorize these procedures:

Epidural Steroid Injection Medical Branch Block Intra-Articular Joint Injection Trigger Point Injection

Diagnosis: Discopathy Cervical Thoracic Lumbar
 Left Right _____ Left Right _____

Procedure(s):

Cervical ESI Transforaminal Intralaminar C1/2 C2/3 C3/4 C4/5 C5/6 C6/7 C7/T1 *OM*
Thoracic ESI Transforaminal Intralaminar T1/2 T2/3 T3/4 T4/5 T5/6 T6/7 T7/8 T8/9 T9/10 T10/11 T11/12
Lumbar ESI Transforaminal Intralaminar T12/L1 L1/2 L2/3 L3/4 L4/5 L5/S1

Medical Branch Block - Levels:

Joint Injections

Intra-Articular Joint Left Right _____
 Intra-Articular Joint Left Right _____

I understand that another or different condition, which requires additional or different procedures, other than those planned may be discovered. I authorized my health care provider, associates, technical assistants and other health care provider to perform such procedures which are advisable in their professional judgement.

Risks:

I understand that some risks and hazards may occur in connection with the procedure.

Short term effects: Increase in blood sugar, increase in blood pressure, headaches, fever, facial flushing, temporary localized increase in pain, infection and bleeding at the injection site, sleeplessness for a few days, anxiety, stomach ulcers

With any anesthetic or procedure, there is always the possibility of an unexpected side effect or complication(s), such as an allergic reaction, nerve damage, heart attack or death.

I have been afforded the opportunity to discuss with my health care provider all risks, the potential benefits and hazards, any alternative treatment and potential problems related to my procedure, as well as recuperation and the possible results of non-treatment. I fully understand all such risks and hazards agreed to proceed with the procedure my health care provider has deemed medically necessary. Should a hazard arise, I further agree to mediate the cause with my health care provider. I further understand that no warranty or guarantee has been made to me as for the result of care.

I certify that my procedure(s) have been fully explained to me, that I have read this consent in its entirety or I have had this consent read to me and I fully understand its contents.

Renita Harris
 Patient Name Printed

Renita Harris
 Patient Signature

11-23-21
 Date

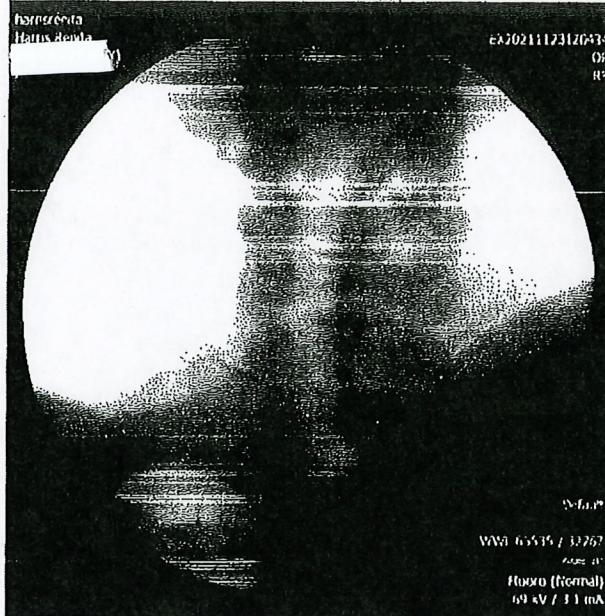
Renita Harris
 Disclosure & Consent

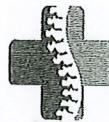
Patient Name: Harris, Renita

Date: 11.23.2021

Fluoroscopy Image

PATIENT : harrisrenita (Harris Renita) / F ,
EXAM : EX20211123120434 (created at 2021-11-23 12:08:35)
OPER. : OP / PERFORM. : / REFER. :





Carefor PA

Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Pain Management Follow-Up Evaluation

Date of Evaluation: December 07, 2021
Patient Name: Renita Harris
Patient Sex: Female
Date of Birth:
Date of Injury: September 30, 2021
Procedure Performed By: John Hall, D.O.

HISTORY OF ACCIDENT:

The patient is a -year-old female who presents today with injuries sustained when she was driving an electric cart that stopped abruptly jerking her forward and backward.

PRIOR TREATMENT FOR THIS INJURY:

Interlaminar Epidural Injection @ Cervical Midline C7-T1

Adverse reaction to previous treatment:

None

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5' 9" Weight: 281 lbs. Temperature: 98.2°
Blood Pressure: 118/60 Pulse: 55

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Respiration – 16. Lung sounds – non-contributory. Bowel sounds – non-contributory.

Allergies: Codeine

SYMPTOMS

Neck, Left Shoulder, Between Left Shoulder, Left Arm, Mid-Back Pain and Headaches

CERVICAL

Range of Motion - restricted

Muscle Spasms - contributed to the patient's restricted range of motion

Pain - contributed to the patient's restricted range of motion

The patient reports continued limited daily activities due to pain.

Pain medication does help in alleviating the patient's pain.

MEDICATIONS:

Diclofenac

Hydrochlorothiazide

ORTHOPEDIC TEST:

Maximum Cervical Rotation was positive on the left.

Cervical Compression was positive on the left.

DIAGNOSIS:

Cervical

Cervical Disc Disorder with Radiculitis

Muscle Spasms

PLAN OF CARE:

The patient has had minimal relief with epidural steroid injections received. Today patient agrees to proceed with medial branch block injection to the cervical spine at C4-5 and C5-6.

The medial branch block injections were done to the cervical spine at C4-5 and C5-6.

Medial Branch Block Injection - Cervical

Risks and benefits copy given

Follow-up in two weeks

Follow-up appointment scheduled

Sincerely,

John Hall, D.O.

Transcribed - subject to dictation and transcription variance.

JH/af



Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Pain Management Follow-Up Procedure Note

Date of Procedure: December 07, 2021
Patient Name: Renita Harris
Patient Sex: Female
Date of Birth: _____
Procedure Performed By: John Hall, D.O. _____

PROCEDURE PERFORMED TODAY:

Medial Branch Block Injection @ Cervical Left and Right C4-5 and C5-6

Anesthesia: local

Allergies: Codeine

JUSTIFICATION FOR PROCEDURE:

Neck, Left Shoulder, Between Left Shoulder, Left Arm, Mid-Back Pain and Headaches

CERVICAL

Range of Motion - restricted

Muscle Spasms - contributed to the patient's restricted range of motion

Pain - contributed to the patient's restricted range of motion

PROCEDURE TECHNIQUE:**Cervical Medial Branch Block - Left C4-5 and C5-6**

Lying in a prone position, the patient was prepped and draped in the usual sterile fashion. Each site was identified under fluoroscopy. The patient then had 1.5ml of 1% Lidocaine HCl (10mg/mL) was injected into subcutaneous tissue for anesthetic reasons. The patient tolerated this well. The 22G x 3.5" Tuohy needle was advanced to the anatomic location of each medial branch at the junction of the superior articular process and transverse process utilizing intermittent fluoroscopy. There were no signs of blood or cerebrospinal fluid on gentle aspiration. Then 0.5ml of contrast medium (Omnipaque 240 mg/mL) was slowly injected under fluoroscopy to reconfirm needle placement. After correct needle placement, 1ml of saline and 0.5ml of Kenalog (60mg/mL) and 1.5ml of Marcaine (75mg/mL) was injected to the appropriate levels. This is to include the **left C4-5 and C5-6**.

Cervical Medial Branch Block - Left (Continued)

The patient tolerated the injections well and was told to ice the neck tonight for about 15 minutes. **PRECAUTIONS:** As with all injections, the patient was explained of all the potential benefits and risks of the injection process today. The patient was also told to call the office immediately if side effects take place; for example, if breathing problems take place after treatment, the patient should immediately go to an emergency room for evaluation. If a headache develops, the patient was instructed to call the office immediately.

Cervical Medial Branch Block - Right C4-5 and C5-6

Lying in a prone position, the patient was prepped and draped in the usual sterile fashion. Each site was identified under fluoroscopy. The patient then had 1.5ml of 1% Lidocaine HCl (10mg/mL) was injected into subcutaneous tissue for anesthetic reasons. The patient tolerated this well. The 22G x 3.5" Tuohy needle was advanced to the anatomic location of each medial branch at the junction of the superior articular process and transverse process utilizing intermittent fluoroscopy. There were no signs of blood or cerebrospinal fluid on gentle aspiration. Then 0.5ml of contrast medium (Omnipaque 240 mg/mL) was slowly injected under fluoroscopy to reconfirm needle placement. After correct needle placement, 1ml of saline and 0.5ml of Kenalog (60mg/mL) and 1.5ml of Marcaine (75mg/mL) was injected to the appropriate levels. This is to include the **right C4-5 and C5-6**. The patient tolerated the injections well and was told to ice the neck tonight for about 15 minutes. **PRECAUTIONS:** As with all injections, the patient was explained of all the potential benefits and risks of the injection process today. The patient was also told to call the office immediately if side effects take place; for example, if breathing problems take place after treatment, the patient should immediately go to an emergency room for evaluation. If a headache develops, the patient was instructed to call the office immediately.

Adverse Reaction:

None

Medication	Lot Number	Expiration Date
Lidocaine	EM9818	January 01, 2023
Marcaine	CBU210046	March 2023
Kenalog	080920219173312	February 05, 2022
Omnipaque	14746068	August 22, 2022

Discharge instructions were given to the patient.

Sincerely,

John Hall, D.O.

Transcribed - subject to dictation and transcription variance.

JH/af

CARE FOR PA

Disclosure & Consent → Medical Procedure

TO THE PATIENT: You have the right, as a patient, to be informed about your medical procedure, including the known risks. This disclosure is simply an effort to make you better informed so that you may give or withhold your consent for the procedure.

I voluntarily request my health care provider, and such associates, technical assistants and other health care providers as they may deem medically necessary, to treat my condition which has been explained to me as. I understand that the following procedures are deemed medically necessary for me and I voluntarily consent and authorize these procedures:

○ Epidural Steroid Injection ○ Medical Branch Block ○ Intra-Articular Joint Injection ○ Trigger Point Injection

Diagnosis: Discopathy Cervical Thoracic Lumbar
 Left Right Left Right

Procedure(s):

<u>Cervical ESI</u>	○Transforaminal	○Intralaminar	C1/2	C2/3	C3/4	C4/5	C5/6	C6/7	C7/T1				
<u>Thoracic ESI</u>	○Transforaminal	○Intralaminar	T1/2	T2/3	T3/4	T4/5	T5/6	T6/7	T7/8	T8/9	T9/10	T10/11	T11/12
<u>Lumbar ESI</u>	○Transforaminal	○Intralaminar	L1/2	L1/2	L2/3	L3/4	L4/5	L5/S1					

Medical Branch Block - Levels: 4-6

Joint Injections

Intra-Articular Joint Left Right Other _____
Extra-Articular Joint Left Right Other _____

Chondro-Articular Joint Left or Right: _____

I understand that another or different condition, which requires additional or different procedures, other than those planned may be discovered. I authorized my health care provider, associates, technical assistants and other health care provider to perform such procedures which are advisable in their professional judgement.

Risks:

I understand that some risks and hazards may occur in connection with the procedure.

Short term effects: Increase in blood sugar, increase in blood pressure, headaches, fever, facial flushing, temporary localized increase in pain, infection and bleeding at the injection site, sleeplessness for a few days, anxiety, stomach ulcers

With any anesthetic or procedure, there is always the possibility of an unexpected side effect or complication(s), such as an allergic reaction, nerve damage, heart attack or death.

I have been afforded the opportunity to discuss with my health care provider all risks, the potential benefits and hazzards, any alternative treatment and potential problems related to my procedure, as well as recuperation and the possible results of non-treatment. I fully understand all such risks and hazzards. I agree to proceed with the procedure my health care provider has deemed medically necessary. Should a hazzard arise, I further agree to mediate the cause with my health care provider. I further understand that no warranty or guarantee has been made to me as for the result of care.

I certify that my procedure(s) have been fully explained to me, that I have read this consent in its entirety or I have had this consent read to me and I fully understand its contents.

Renita Harris
Patient Name Printed

12.7.21

Barry Hause
Dr. Mark Hause, M.D.

11

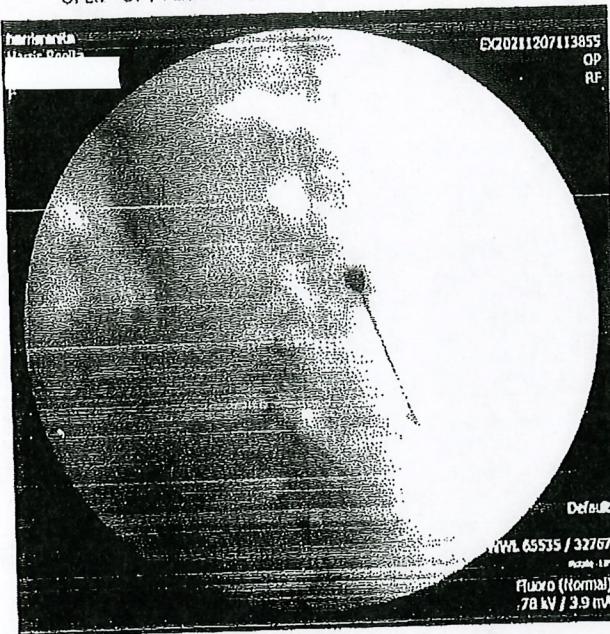
Disclosure & Consent

HARRIS 0053

Patient Name: Harris, RenitaDate: 12-07-2021

Fluoroscopy Image

PATIENT : harrisrenita (Harris Renita) / F
 EXAM : EX20211207113855 (created at 2021 12 07 11:39:20)
 OPER. : OP / PERFORM. : / REFER. :



PATIENT : harrisrenita (Harris Renita) / F
 EXAM : EX20211207113855 (created at 2021 12 07 11:39:20)
 OPER. : OP / PERFORM. : / REFER. :



PATIENT : harrisrenita (Harris Renita) / F
 EXAM : EX20211207113855 (created at 2021 12 07 11:39:20)
 OPER. : OP / PERFORM. : / REFER. :



Patient Name: Harris, Renita

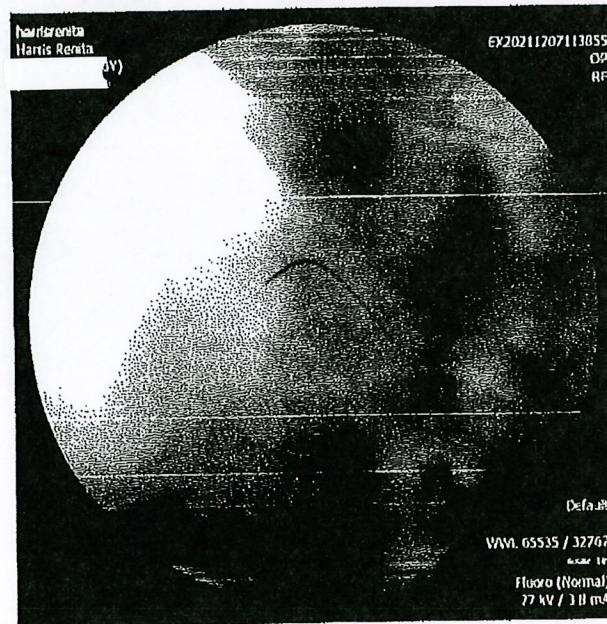
Date: 12-07-2021

Fluoroscopy Image

PATIENT : harrisrenita (Harris Renita) / F ,
EXAM : EX20211207113855 (created at 2021-12-07 11:39:20)
OPER. : OP / PERFORM. : / REFER. :



PATIENT : harrisrenita (Harris Renita) / F ,
EXAM : EX20211207113855 (created at 2021-12-07 11:39:20)
OPER. : OP / PERFORM. : / REFER. :





Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Pain Management Follow-Up Evaluation

Date of Evaluation: December 23, 2021
Patient Name: Renita Harris
Patient Sex: Female
Date of Birth:
Date of Injury: September 30, 2021
Procedure Performed By: John Hall, D.O.

HISTORY OF ACCIDENT:

The patient is a year-old female who presents today with injuries sustained when she was driving an electric cart that stopped abruptly jerking her forward and backward.

PRIOR TREATMENT FOR THIS INJURY:

Medial Branch Block Injection @ Cervical Left and Right C4-5 and C5-6

Adverse reaction to previous treatment:

None

EXAM:**Physical Evaluation:**

Patient Vitals: Height: 5' 9" Weight: 278 lbs. Temperature: 98.4°
Blood Pressure: 131/74 Pulse: 75

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Respiration – 16. Lung sounds – non-contributory. Bowel sounds – non-contributory.

Allergies: Codeine

SYMPTOMS

Neck, Left Shoulder, Between Left Shoulder, Left Arm, Mid-Back Pain and Headaches

CERVICAL

Muscle Spasms – contributed to the patient's restricted range of motion
Pain – contributed to the patient's restricted range of motion

The patient reports continued limited daily activities due to pain.
Pain medication does not help in alleviating the patient's pain.

MEDICATIONS:

Diclofenac
Hydrochlorothiazide

ORTHOPEDIC TEST:

Cervical Compression was positive bilaterally.

DIAGNOSIS:

Cervical
Cervical Disc Disorder with Radiculitis
Muscle Spasms

PLAN OF CARE:

The medial branch block injection to the cervical spine at bilateral C4-6 were efficacious. I recommend rhizotomy at bilateral C4-5 and C5-6. Patient will be referred for an orthopedic consultation.

Follow-up appointment scheduled

Sincerely,

John Hall, D.O.
Transcribed - subject to dictation and transcription variance.
JH/af



Orthopedic and Pain Management Specialists
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229
210-468-3440 (phone) 210-468-3702 (fax)

Orthopedic Follow-Up Evaluation

Date of Evaluation: March 03,2022
Patient Name: Renita Harris
Patient Sex: Female
Date of Birth:
Date of Injury:
Procedure Performed By: Donald Baxter, M.D.

HISTORY OF ACCIDENT:

The patient is a year-old female who presents today with injuries sustained when she was driving an electric cart that stopped abruptly jerking her forward and backward.

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5' 9" Weight: 277 lbs. Temperature: 98.4°
Blood Pressure: 142/88 Pulse: 78

Vascular Evaluation: Heart sounds - non-contributory. Rhythm - non-contributory.

General Sounds: Respiration - 12. Lung sounds - non-contributory.
Bowel sounds - non-contributory.

Allergies: Codeine

SYMPTOMS

Neck, Left Shoulder, Between Left Shoulder, Left Arm, Mid-Back Pain and Headaches

CERVICAL

Range of Motion - restricted

Muscle Spasms - contributed to the patient's restricted range of motion

Pain - contributed to the patient's restricted range of motion

The patient reports continued limited daily activities due to pain.
Pain medication does aid in alleviating the patient's pain.

MEDICATIONS:

Diclofenac
Hydrochlorothiazide

ORTHOPEDIC TEST:

Cervical Compression was positive bilaterally.

DIAGNOSIS:

Cervical
Cervical Disc Disorder with Radiculitis
Muscle Spasms

MRI:

MRI Cervical Spine without Contrast- MRI Centers of Texas- November 10,2021

Impression: A. At C6-C7, there is posterior protrusion-subligamentous disc herniation in the central and Lateral aspect in both sides, but more to the right measuring 2.6-2.9 mm in AP diameter, indenting the thecal sac, touching the spinal cord, causing slight to moderate right lateral recess and right foraminal stenosis. B. At C4-C5m there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.4 mm in AP diameter, indenting the thecal sac, indenting the spinal cord. There is slight central spinal stenosis at this level. The central spinal canal measures 9 mm in AP diameter, (normal central spinal canal usually measures between 10-12 mm in AP diameter). C. At C5-C6, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.1 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level. D. At C3-C4, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but mainly in the central and paracentral region measuring 2.6 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.

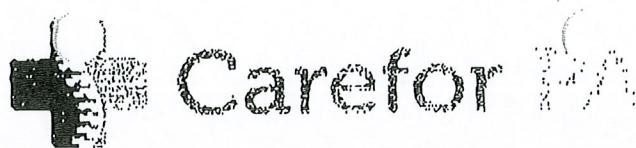
PLAN OF CARE:

Based upon a reasonable degree of medical certainty, it is my professional opinion that the injuries sustained as a result of this accident.

The patient's cervical spine was seen today. She has received epidural steroid injections and medial branch block injections in this spinal region. It is my professional opinion, based on examination and MRI findings that this patient would benefit from a rhizotomy to the cervical bilateral at C3-4, C4-5, C5-6, and C6-7.

Sincerely,

D.E. Baxter, M.D
Orthopedic Surgeon
DEB/hg
Transcribed, not read -subject to dictation and transcription variance.



Patient Name: RENITA HARRIS

Bilateral Cervical/Thoracic Spine - 4 Levels

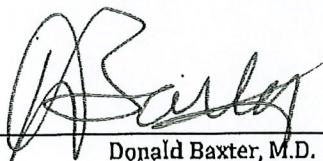
Cervical Bilateral Destruction of the Nerolytic Agent by Radiofrequency Ablation

Bilateral Spinal Regions	CPT Code	Spinal Level	Spinal Region Left & Right Side	Modifier Bilateral	Charges
Cervical Spine - Level 1	64633	C3-4	left & right side	50	30,000.00
Cervical Spine - Level 2	64634	C4-5	left & right side	RT/LT	15,000.00
Cervical Spine - Level 3	64634	C5-6	left & right side	RT/LT	15,000.00
Cervical Spine - Level 4	64634	C6-7	left & right side	RT/LT	15,000.00
Supply Cost - No medications	99070				400.00
Total Cost of Procedure					75,400.00

Other Related Expenses	Units	Medication Disclaimer
Lidocaine	J2001	The medications noted to the list are the medications used by the providers. The medication(s) used will vary patient to patient, therefore, the medication cost will vary patient to patient and provider to provider. These expenses should not cost over \$500.00 for the overall procedure.
Kenalog	J3001	
Marcaíne	S0020	
Dexamethasone	J1100	
Omnipaque	Q9966	

Post Op Rehab - 2 times per week for 4 to 6 weeks

1	The above stated fee covers the above listed procedure and a follow-up visit within 10 days.
2	The above stated fee does not include any additional procedure(s) that may be performed on the same date. Estimate does not include the cost of hardware.
3	This is an estimate only. The procedure has not been performed. This estimate does not take into account any unforeseen complications or adverse reactions which are an inherent risk in this type of surgery contemplated for the injuries presented in the attached reports.


 Donald Baxter, M.D.
 Orthopedic Surgeon

HARRIS 0060

From MRI Centers of Texas 1.832.426.7716 Fri Nov 19 08:19:31 2021 MST Page 1 of 2



P.O. BOX 224897, DALLAS, TX 75222
(972)498-1961 Fax (972)498-1963

PATIENT ID:

DATE OF BIRTH:

PATIENT:

HARRIS, RENITA

AGE / SEX:

DATE OF EXAM:

11/10/2021

REFERRING

Dr. JOHN HALL

PHYSICIAN:

Exam: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

Clinical Information:

Technique:

Sagittal and axial cuts using T1W, T2W and STIR sequences.

Findings:

The cervical lordotic curve and bone marrow signal are normal. Disc spaces are well maintained. Small osteophytes are seen anteriorly at C3-C4, C4-C5 and C5-C6. The odontoid process is intact. The cervical spinal cord is normal in size and signal intensity.

There is no evidence of fracture, dislocation, epidural hematoma or soft tissue mass.

At C1-C2, no abnormality is seen between the odontoid process of C2 and anterior arch of C1. The craniocervbral junction is normal. There is no evidence of Chiari malformation.

At C2-C3, there is no evidence of disc herniation or spinal stenosis.

At C3-C4, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but mainly in the central and paracentral region measuring 2.6 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.

At C4-C5, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.4 mm in AP diameter, indenting the thecal sac, indenting the spinal cord. There is slight central spinal stenosis at this level. The central spinal canal measures 9 mm in AP diameter, (normal central spinal canal usually measures between 10-12 mm in AP diameter).

At C5-C6, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.1 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.

Page: 1 of 2

From MRI Centers of T₆ 1.832.426.7716 Fri Nov 19 08:19:31 21 MST Page 2 of 2

Name: HARRIS, RENITA DOB:

At C6-C7, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more to the right measuring 2.6-2.9 mm in AP diameter, indenting the thecal sac, touching the spinal cord, causing slight to moderate right lateral recess and right foraminal stenosis.

At C7-T1, there is no evidence of disc herniation or spinal stenosis.

Impression:

- A. At C6-C7, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more to the right measuring 2.6-2.9 mm in AP diameter, indenting the thecal sac, touching the spinal cord, causing slight to moderate right lateral recess and right foraminal stenosis.
- B. At C4-C5, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.4 mm in AP diameter, indenting the thecal sac, indenting the spinal cord. There is slight central spinal stenosis at this level. The central spinal canal measures 9 mm in AP diameter, (normal central spinal canal usually measures between 10-12 mm in AP diameter).
- C. At C5-C6, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but more prominent in the central and paracentral region measuring 3.1 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.
- D. At C3-C4, there is posterior protrusion-subligamentous disc herniation in the central and lateral aspect in both sides, but mainly in the central and paracentral region measuring 2.6 mm in AP diameter, indenting the thecal sac, touching the spinal cord. There is no evidence of spinal stenosis at this level.

Digitally signed by: Dr. lorenzo m farolan on November 17, 2021 02:17:58 PM

Date Dictated: November 17, 2021

Date Transcribed: November 17, 2021 by hogla aleman

FINAL REPORT

Exhibit F

NO.: 2021CI23649

RENITA HARRIS § IN THE DISTRICT COURT
VS. § § 285TH JUDICIAL DISTRICT
WAL-MART STORES TEXAS, LLC. § § BEXAR COUNTY, TEXAS

AFFIDAVIT OF JAMES K. FLOYD

THE STATE OF TEXAS §
§
COUNTY OF BEXAR §

COMES NOW, James K. Floyd, known by me to be the person whose name is subscribed below, and after first being duly sworn upon his oath, deposed and stated as follows:

“My name is James K. Floyd, and I am over the age of eighteen (18) and of sound mind, fully capable of making this affidavit.”

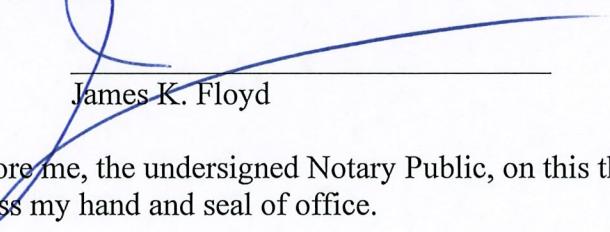
“I am the lead counsel for Defendant in the above-referenced matter.”

“In the course and scope of my duties, I have personal knowledge of Plaintiff’s First Supplemental 194.2(b) Initial Disclosures and enclosed production Bates Stamped HARRIS 0024 to HARRIS 0070 served by Michael H. Garatoni, Counsel for Plaintiff, to Defendant on March 29, 2022, via email transmission.”

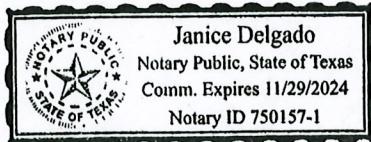
“The copy of Plaintiff’s First Supplemental 194.2(b) Initial Disclosures attached as Exhibit “E” to Defendant Wal-Stores Texas, LLC’s Notice of Removal, are a true and correct copy of Plaintiff’s First Supplemental 194.2(b) Initial Disclosures and selected production Bates Stamped HARRIS 0024 to HARRIS 0062 served by Michael H. Garatoni, Counsel for Plaintiff, to Defendant on March 29, 2022 via email transmission.”

“Further Affiant sayeth not.”

SIGNED on this 28th day of April, 2022.


James K. Floyd

28th SUBSCRIBED AND SWORN TO before me, the undersigned Notary Public, on this the day of April, 2022, to certify which witness my hand and seal of office.



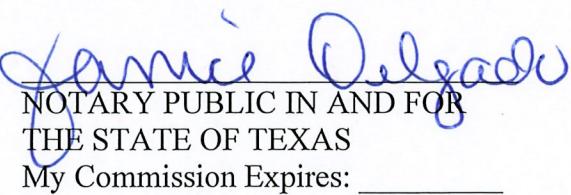

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS
My Commission Expires: _____

Exhibit G

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

RENITA HARRIS

Plaintiff

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§

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VS. CIVIL ACTION NO.: 22-cv-415

WAL-MART STORES TEXAS, LLC

Defendant

§

§

§

JURY DEMANDED

LIST OF COUNSEL OF RECORD

1. Michael H. Garatoni; SBN: 24092958
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and
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ATTORNEYS FOR PLAINTIFF,
RENITA HARRIS

2. James K. Floyd; SBN: 24047628
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(210) 224-3188 Facsimile
ATTORNEY FOR DEFENDANT,
WAL-MART STORES TEXAS, LLC

Exhibit H

285th District Court

Case Summary

Case No. 2021CI23649

Renita Harris VS Wal-Mart Stores Texas, LLC

§ Location
§ **285th District Court**
§ Judicial Officer
§ **285th, District Court**
§ Filed on
§ **11/12/2021**

Case Information

Case Type: PREMISES

Case Status: **11/12/2021 Pending**

Assignment Information

Current Case Assignment

Case Number 2021CI23649
Court 285th District Court
Date Assigned 11/12/2021
Judicial Officer 285th, District Court

Party Information

Lead Attorneys

Plaintiff Harris, Renita **PEREZ, DANIEL E**
Retained

Defendant Wal-Mart Stores Texas, LLC **FLOYD, JAMES**
Retained

Events and Orders of the Court

11/12/2021 New Cases Filed (OCA)

11/12/2021 PETITION

11/12/2021 **Citation**

Wal-Mart Stores Texas, LLC

Unserved

11/17/2021

AFFIDAVIT OF

Service - Wal-Mart Stores Texas, LLC, By Serving Registered Agent, CT Corporation System

12/10/2021 ORIGINAL ANSWER OF
WAL-MART STORES TEXAS, LLC.

12/10/2021 JURY DEMAND JURY FEE PAID